

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6911

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00000010		2 PAGE # 1 of 44	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.		FIRST Melinda	MI	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
	NICKNAME Mindy		LAST Montford	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;		APT / SUITE #;	CITY;	STATE; ZIP CODE
	P.O. Box 301839 Austin, TX 78703				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.		FIRST MariBen	MI	Date Processed Date Imaged
	NICKNAME		LAST Ramsey	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE; ZIP CODE
1707 Elton Lane Austin, TX 78703					
7 CAMPAIGN TREASURER PHONE	AREA CODE		PHONE NUMBER	EXTENSION	
(512) 472-4483					
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> Final report (Attach C/OH - FR)				
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 03/30/2008 06/30/2008				
10 ELECTION	ELECTION DATE Month Day Year 04/08/2008		ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) District Attorney		
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..				
	Name				
	Address/PO Box; Apt. / Suite #; City; State; Zip Code				

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME Montford, Melinda (Ms.)

15 ACCOUNT # (Ethics Commission filers)
00000010

**16 NOTICE
FROM
POLITICAL
COMMITTEE(S)**

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

COMMITTEE NAME

☐ **GENERAL**

COMMITTEE ADDRESS

☐ **SPECIFIC**

COMMITTEE CAMPAIGN TREASURER NAME

☐ additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

**17 CONTRIBUTION
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 835.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 123,078.86

**EXPENDITURE
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 221.49

4. TOTAL POLITICAL EXPENDITURES

\$ 213,034.71

**CONTRIBUTION
BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

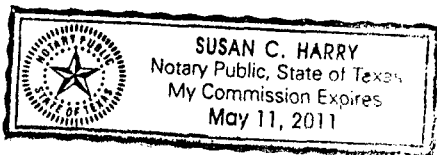
\$ 0.00

**OUTSTANDING
LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 112,000.00

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Melinda Montford
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Melinda Montford, this the 15th day of July, 2008, to certify which, witness my hand and seal of office.

Susan C. Harry
Signature of officer administering oath

Susan Harry
Print name of officer administering oath

Notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 1/16 Report: 3/44

2 FILER NAME Montford, Melinda (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00000010

4 Date

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Anderson, David

7 Amount of
contribution (\$)

8 In-kind contribution
description (if applicable)

04/01/2008

6 Contributor address; City; State; Zip Code
3808 Hidden Hollow
Austin, TX 78731

\$100.00

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Baker, Anna

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

04/02/2008

Contributor address; City; State; Zip Code
6208 Highland Hills Dr.
Austin, TX 78731

\$150.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Ballard, Don

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

04/03/2008

Contributor address; City; State; Zip Code
7715 Tisdale Drive
Austin, TX 78757

\$100.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Barnes, Ben

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

04/02/2008

Contributor address; City; State; Zip Code
98 San Jacinto Blvd., Suite 250
Austin, TX 78701

\$1,000.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Bates, Jan

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

04/01/2008

Contributor address; City; State; Zip Code
4614 Bunny Run
Austin, TX 78746

\$100.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 2/16 Report: 4/44

2 FILER NAME Montford, Melinda (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00000010

4 Date

5 Full name of contributor ☐ out-of-state PAC (ID# _____)

Boren, Gary

7 Amount of
contribution (\$)

8 In-kind contribution
description (if applicable)

04/30/2008

6 Contributor address; City; State; Zip Code

PO Box 93854
Lubbock, TX 79493

\$500.00

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)

Bridges, Milly

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

04/04/2008

Contributor address; City; State; Zip Code

706 Carolyn Avenue
Austin, TX 78705

\$500.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)

Briscoe, Dolph Jr.

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

03/31/2008

Contributor address; City; State; Zip Code

P.O. Box 389
Uvalde, TX 78802

\$25,000.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)

Briscoe, Dolph Jr.

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

04/09/2008

Contributor address; City; State; Zip Code

200 East Nopal
Uvalde, TX 78801

\$10,000.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)

Briscoe, Dolph Jr.

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

04/15/2008

Contributor address; City; State; Zip Code

200 East Nopal
Uvalde, TX 78801

\$15,000.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 3/16 Report: 5/44

2 FILER NAME Montford, Melinda (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00000010

4 Date

5 Full name of contributor ☐ out-of-state PAC (ID# _____)

Bristol, George

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

04/02/2008

6 Contributor address; City; State; Zip Code

8812 Mesa Dr.
Austin, TX 78759

\$500.00

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)

Buerschinger, Charles

Amount of contribution (\$)

In-kind contribution description (if applicable)

04/07/2008

Contributor address; City; State; Zip Code

4405 Jessamine Hollow
Austin, TX 78731

\$250.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)

Butt, Charles

Amount of contribution (\$)

In-kind contribution description (if applicable)

04/02/2008

Contributor address; City; State; Zip Code

335 King William
San Antonio, TX 78204

\$1,000.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)

Camp, Frank

Amount of contribution (\$)

In-kind contribution description (if applicable)

03/31/2008

Contributor address; City; State; Zip Code

P.O. Box 279
Kilgore, TX 75663

\$1,000.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)

Casey, Daniel

Amount of contribution (\$)

In-kind contribution description (if applicable)

04/01/2008

Contributor address; City; State; Zip Code

2006 Rogge Lane
Austin, TX 78723

\$150.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 4/16 Report: 6/44

2 FILER NAME Montford, Melinda (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00000010

4 Date

04/01/2008

5 Full name of contributor ☐ out-of-state PAC (ID# _____)

Cavazos, Eddie

6 Contributor address; City; State; Zip Code

P.O.Box 684977
Austin, TX 78768

7 Amount of
contribution (\$)

\$500.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

03/31/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)

Chibib, Kristi

Contributor address; City; State; Zip Code

6103 Shadow Mountain Drive
Austin, TX 78731

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/31/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)

Clarke, Thomas

Contributor address; City; State; Zip Code

3212 Bay Hill Lane
Round Rock, TX 78664

Amount of
contribution (\$)

\$1,000.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

06/30/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)

CLEAT PAC

Contributor address; City; State; Zip Code

400 W. 15th St., Ste. 200
Austin, TX 78701

Amount of
contribution (\$)

\$1,592.45

In-kind contribution
description (if applicable)

GOTV calls

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/01/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)

Cunningham, William

Contributor address; City; State; Zip Code

PO Box E
Austin, TX 78713

Amount of
contribution (\$)

\$250.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 5/16 Report: 7/44

2 FILER NAME Montford, Melinda (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00000010

4 Date

03/31/2008

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Dannenbaum, James

6 Contributor address; City; State; Zip Code
3100 W. Alabama St.
Houston, TX 77098

7 Amount of contribution (\$)

\$1,000.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

03/31/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Davis, Darin

Contributor address; City; State; Zip Code
1348 Lakeshore Dr.
Spicewood, TX 78669

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/02/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Deberry, Patricia

Contributor address; City; State; Zip Code
13906 Bluff Ivey Lane
San Antonio, TX 78216

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/31/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
DeGrasse, Martha Moody

Contributor address; City; State; Zip Code
1415 Gaston
Austin, TX 78703

Amount of contribution (\$)

\$700.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/30/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Dowling, Ralph

Contributor address; City; State; Zip Code
4720 Interlachen Lane
Austin, TX 78747

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 6/16 Report: 8/44

2 FILER NAME Montford, Melinda (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00000010

4 Date

5 Full name of contributor ☐ out-of-state PAC (ID# _____)

Emerson, Tertia

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

04/02/2008

6 Contributor address; City; State; Zip Code

415 E. Huisache Ave.
San Antonio, TX 78212

\$250.00

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)

Erwin, Gay

Amount of contribution (\$)

In-kind contribution description (if applicable)

04/02/2008

Contributor address; City; State; Zip Code

3 Jeffrey Cove
Austin, TX 78746

\$250.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)

Florez, Richard

Amount of contribution (\$)

In-kind contribution description (if applicable)

04/01/2008

Contributor address; City; State; Zip Code

4602 Indian Wells Drive
Austin, TX 78747

\$600.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)

Forwood, Mike

Amount of contribution (\$)

In-kind contribution description (if applicable)

04/08/2008

Contributor address; City; State; Zip Code

P.O. Box 10448
Austin, TX 78766

\$100.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)

Francis, James Jr.

Amount of contribution (\$)

In-kind contribution description (if applicable)

05/12/2008

Contributor address; City; State; Zip Code

3904 Miramar
Dallas, TX 75205

\$1,000.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 7/16 Report: 9/44

2 FILER NAME Montford, Melinda (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00000010

4 Date

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Franke, Wayne

7 Amount of
contribution (\$)

8 In-kind contribution
description (if applicable)

03/31/2008

6 Contributor address; City; State; Zip Code
1122 Colorado, Ste. 307
Austin, TX 78701

\$100.00

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Fuentes, Jerry

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

03/31/2008

Contributor address; City; State; Zip Code
54 Donore Sq.
San Antonio, TX 78229

\$250.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Garcia, Arnold

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

04/03/2008

Contributor address; City; State; Zip Code
504 West 7th St.
Austin, TX 78701

\$500.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Hawn, Reed

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

03/31/2008

Contributor address; City; State; Zip Code
3605 Steck Ave.
Austin, TX 78759

\$500.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Hildreth, John

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

04/02/2008

Contributor address; City; State; Zip Code
1801 Lavaca, Unit 12C
Austin, TX 78701

\$250.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 8/16 Report: 10/44

2 FILER NAME Montford, Melinda (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00000010

4 Date

04/03/2008

5 Full name of contributor ☐ out-of-state PAC (ID# _____)

Hoi, Peter

6 Contributor address; City; State; Zip Code

HC 4, Box 620
Blanco, TX 78606

7 Amount of
contribution (\$)

\$1,000.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

04/01/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)

Hooser, Greg

Contributor address; City; State; Zip Code

20164 West Lake Parkway
Georgetown, TX 78628

Amount of
contribution (\$)

\$150.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/31/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)

Hubble, Peggy

Contributor address; City; State; Zip Code

4405 Balcones Dr.
Austin, TX 78731

Amount of
contribution (\$)

\$250.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/10/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)

Jacobs, Pam

Contributor address; City; State; Zip Code

6715
Beauford
Austin, TX 78750

Amount of
contribution (\$)

\$575.00

In-kind contribution
description (if applicable)
email service

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/22/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)

Jaffe, Morris Jr.

Contributor address; City; State; Zip Code

12400 Highway 281 N.
Suite 150
San Antonio, TX 78216

Amount of
contribution (\$)

\$25,000.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 9/16 Report: 11/44

2 FILER NAME Montford, Melinda (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00000010

4 Date

03/31/2008

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Jones, Tom

6 Contributor address; City; State; Zip Code
9 Rob Roy Road
Austin, TX 78746

7 Amount of contribution (\$)

\$500.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Judge Charlie Baird Officeholder Account

04/05/2008

Contributor address; City; State; Zip Code
PO Box 1242
Austin, TX 78767

Amount of contribution (\$)

\$351.41

In-kind contribution description (if applicable)
precinct reception

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Marmon Mok LLP

04/21/2008

Contributor address; City; State; Zip Code
700 N. St. Mary
Suite 1600
San Antonio, TX 78205

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mata, Orlando

04/03/2008

Contributor address; City; State; Zip Code
1301 S. IH 35, #304
Austin, TX 78741

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Maund, Doug

04/07/2008

Contributor address; City; State; Zip Code
P.O. Box 1608
Austin, TX 78767

Amount of contribution (\$)

\$5,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 10/16 Report: 12/44

2 FILER NAME Montford, Melinda (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00000010

4 Date

5 Full name of contributor ☐ out-of-state PAC (ID# _____)

Merritt, Laura

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

04/03/2008

6 Contributor address; City; State; Zip Code

1806 Glencliff Dr.
Austin, TX 78704

\$100.00

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)

Metschan, Michael

Amount of contribution (\$)

In-kind contribution description (if applicable)

04/08/2008

Contributor address; City; State; Zip Code

9906 Brandywine Cir
Austin, TX 78750

\$100.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)

Milisci, Richard

Amount of contribution (\$)

In-kind contribution description (if applicable)

03/30/2008

Contributor address; City; State; Zip Code

10809 River Plantation
Austin, TX 78747

\$100.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)

Millsap, Mike

Amount of contribution (\$)

In-kind contribution description (if applicable)

04/03/2008

Contributor address; City; State; Zip Code

5604 Great Divide Dr
Bee Cave, TX 78738

\$250.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)

Montford, John

Amount of contribution (\$)

In-kind contribution description (if applicable)

04/15/2008

Contributor address; City; State; Zip Code

1 Buckingham Court
San Antonio, TX 78257

\$2,500.00

payment to campaign consultant

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 11/16 Report: 13/44

2 FILER NAME Montford, Melinda (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00000010

4 Date

5 Full name of contributor ☐ out-of-state PAC (ID# _____)

Montford, John

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)
vehicle usage

04/15/2008

6 Contributor address; City; State; Zip Code

1 Buckingham Court
San Antonio, TX 78257

\$450.00

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)

Noble, William

Amount of contribution (\$)

In-kind contribution description (if applicable)

04/02/2008

Contributor address; City; State; Zip Code

40 N IH 35, #6C3
Austin, TX 78701

\$500.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)

Olson, Lyndon Jr.

Amount of contribution (\$)

In-kind contribution description (if applicable)

04/05/2008

Contributor address; City; State; Zip Code

3812 Greenleaf Dr.
Waco, TX 76710

\$1,000.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)

O'Shieles, Kelly

Amount of contribution (\$)

In-kind contribution description (if applicable)

04/01/2008

Contributor address; City; State; Zip Code

9226 Jollyville Rd
Apt 212
Austin, TX 78759

\$250.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)

Palmer, Jay

Amount of contribution (\$)

In-kind contribution description (if applicable)
office space

04/11/2008

Contributor address; City; State; Zip Code

2901 Bee Caves Rd., Ste. G
Austin, TX 78746

\$775.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 12/16 Report: 14/44

2 FILER NAME Montford, Melinda (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00000010

4 Date

04/04/2008

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Peterson, Robert

6 Contributor address; City; State; Zip Code
3210 Park Hills Dr.
Austin, TX 78746

7 Amount of
contribution (\$)

\$250.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

03/31/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Phenix, Billy

Contributor address; City; State; Zip Code
514 Boudin Ave.
Austin, TX 78704

Amount of
contribution (\$)

\$250.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/01/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Popp, Gray & Hutcheson, L.L.P.

Contributor address; City; State; Zip Code
1301 South MoPac, Suite 430
Austin, TX 78746

Amount of
contribution (\$)

\$500.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/04/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Raymond, Richard

Contributor address; City; State; Zip Code
304 Latour Court
Laredo, TX 78041

Amount of
contribution (\$)

\$500.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/31/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Reyes, Rico

Contributor address; City; State; Zip Code
1901 Cistern Cove
Pflugerville, TX 78660

Amount of
contribution (\$)

\$250.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 13/16 Report: 15/44	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000010	
4 Date 05/01/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rober Duncan Campaign 6 Contributor address; City; State; Zip Code Box 2309 Lubbock, TX 79408	7 Amount of contribution (\$) \$2,000.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 04/02/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Roberts, Jack Contributor address; City; State; Zip Code 400 West 15th Street, Suite 320 Austin, TX 78701	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/01/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rodgers, Gary Contributor address; City; State; Zip Code 10922 Preston Trails Drive Austin, TX 78747	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/03/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rodriguez, Geronimo Jr. Contributor address; City; State; Zip Code P.O. Box 40774 Austin, TX 78704	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/30/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sawyer, Charles Contributor address; City; State; Zip Code 6800 Airport Blvd. Austin, TX 78752	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 14/16 Report: 16/44

2 FILER NAME Montford, Melinda (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00000010

4 Date

5 Full name of contributor ☐ out-of-state PAC (ID# _____)

Schwartz, Marilyn

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

04/03/2008

6 Contributor address; City; State; Zip Code

1122 Colorado St., #2102
Austin, TX 78701

\$250.00

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)

Smyrl, Sonya

Amount of contribution (\$)

In-kind contribution description (if applicable)

03/31/2008

Contributor address; City; State; Zip Code

P.O. Box 8033
Horseshoe Bay, TX 78657

\$200.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)

Snoddy, Vince

Amount of contribution (\$)

In-kind contribution description (if applicable)

04/01/2008

Contributor address; City; State; Zip Code

4111 Gilbert Avenue #211
Dallas, TX 75219

\$100.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)

Sosa, Lionel

Amount of contribution (\$)

In-kind contribution description (if applicable)

04/01/2008

Contributor address; City; State; Zip Code

215 Rohde Lane
Floresville, TX 78114

\$500.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)

Texas Aggregates & Concrete Association PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

04/04/2008

Contributor address; City; State; Zip Code

900 Congress Ave., Ste. 200
Austin, TX 78701

\$1,000.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 15/16 Report: 17/44	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000010	
4 Date 03/31/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Thomas A. Jones Family Trust 6 Contributor address; City; State; Zip Code 9 Rob Roy Austin, TX 78746	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 03/30/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Thompson & Knight PAC Contributor address; City; State; Zip Code 1700 Pacific Ave., Ste. 3300 Dallas, TX 75201	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/04/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Trevino, John Jr. Contributor address; City; State; Zip Code 12517 Zeller Lane Austin, TX 78753	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/04/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ward, Leslie Long Contributor address; City; State; Zip Code 1201 Quaker Ridge Rd. Austin, TX 78746	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/01/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ware, Dennert Contributor address; City; State; Zip Code 317 Limestone Creek San Antonio, TX 78232	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 16/16 Report: 18/44

2 FILER NAME Montford, Melinda (Ms.)**3** ACCOUNT # (Ethics Commission filers)

00000010

4 Date

04/04/2008

5 Full name of contributor ☐ out-of-state PAC (ID# _____)

Watson, Mark

6 Contributor address; City; State; Zip Code

P.O. Box 6886

San Antonio, TX 78209

7 Amount of
contribution (\$)

\$1,000.00

8 In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐**9** Principal occupation / Job title (See Instructions)**10** Employer (See Instructions)

Date

04/04/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)

Wilkerson, J.G. Jr.

Contributor address; City; State; Zip Code

P.O. Box 2525

Lubbock, TX 79408

Amount of
contribution (\$)

\$3,000.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

LOANS**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/3 Report: 19/44	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000010	
4 TOTAL OF UNITEMIZED LOANS: ⇨⇨⇨⇨⇨⇨			\$
5 Date of loan 03/31/2008	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Montford, John T.		9 Loan Amount (\$) \$25,000.00
6 Is lender a financial Institution? No	8 Lender address; City; State; Zip Code 1 Buckingham Court San Antonio, TX 78257		10 Interest rate 0
			11 Maturity date 06/30/2008
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)	
14 Description of Collateral <input checked="" type="checkbox"/> none			
15 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	16 Name of guarantor 17 Guarantor address; City; State; Zip Code 1 Buckingham Court San Antonio, TX 78257		18 Amount Guaranteed (\$)
19 Principal Occupation		20 Employer	
Date of loan 04/14/2008	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Montford, John T.		Loan Amount (\$) \$25,000.00
Is lender a financial Institution? No	Lender address; City; State; Zip Code 1 Buckingham Court San Antonio, TX 78257		Interest rate 0
			Maturity date 06/30/2008
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Description of Collateral <input checked="" type="checkbox"/> none			
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code 1 Buckingham Court San Antonio, TX 78257		Amount Guaranteed (\$)
Principal Occupation		Employer	

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/3 Report: 20/44	
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000010	
4 TOTAL OF UNITEMIZED LOANS: ⇨⇨⇨⇨⇨⇨			\$
5 Date of loan 05/19/2008	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Montford, John T.		9 Loan Amount (\$) \$7,500.00
6 Is lender a financial Institution? No	8 Lender address; City; State; Zip Code 1 Buckingham Court San Antonio, TX 78257		10 Interest rate 0
			11 Maturity date 06/30/2008
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)	
14 Description of Collateral <input checked="" type="checkbox"/> none			
15 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	16 Name of guarantor 17 Guarantor address; City; State; Zip Code		18 Amount Guaranteed (\$)
19 Principal Occupation		20 Employer	
Date of loan 06/03/2008	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Montford, John T.		Loan Amount (\$) \$15,500.00
Is lender a financial Institution? No	Lender address; City; State; Zip Code 1 Buckingham Court San Antonio, TX 78257		Interest rate 0
			Maturity date 06/30/2008
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Description of Collateral <input checked="" type="checkbox"/> none			
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code		Amount Guaranteed (\$)
Principal Occupation		Employer	

LOANS**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/3 Report: 21/44
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000010
4 TOTAL OF UNITEMIZED LOANS: ⇨⇨⇨⇨⇨⇨		\$
5 Date of loan 06/30/2008	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Montford, John T.	9 Loan Amount (\$) \$14,000.00
6 Is lender a financial Institution? No	8 Lender address; City; State; Zip Code 1 Buckingham Court San Antonio, TX 78257	10 Interest rate 0
		11 Maturity date 07/15/2008
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		
15 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	16 Name of guarantor 17 Guarantor address; City; State; Zip Code	18 Amount Guaranteed (\$)
19 Principal Occupation		20 Employer

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 1/21 Report: 22/44

2 FILER NAME Montford, Melinda (Ms.)**3** ACCOUNT #

(Ethics Commission filers)

00000010

4 Date**5** Payee name

Alvarez, Kiara

7

Amount

(\$)

04/15/2008

6 Payee address; City; State; Zip Code

10801 Old Manchaca Rd Apt 316

Austin, TX 78748

\$830.00

8 Purpose of payment (See instructions regarding type of information required.)

Contract Labor

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

Payee name

Arriola, Richard

Amount

(\$)

04/10/2008

Payee address; City; State; Zip Code

P.O. Box 152588

Austin, TX 78715-2588

\$1,500.00

Purpose of payment (See instructions regarding type of information required.)

Contract Labor

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

Payee name

AT&T

Amount

(\$)

04/25/2008

Payee address; City; State; Zip Code

P.O. Box 650574

Dallas, TX 75265-0574

\$88.31

Purpose of payment (See instructions regarding type of information required.)

Telephone

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

Payee name

AT&T

Amount

(\$)

05/23/2008

Payee address; City; State; Zip Code

P.O. Box 650661

Austin, TX 75265-0661

\$103.20

Purpose of payment (See instructions regarding type of information required.)

Telephone

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/21 Report: 23/44
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000010
4 Date 05/23/2008	5 Payee name AT&T 6 Payee address; City; State; Zip Code P.O. Box 650661 Austin, TX 75265-0661	7 Amount (\$) \$347.74
8 Purpose of payment (See instructions regarding type of information required.) Telephone (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 04/07/2008	Payee name Austin Chronicle Payee address; City; State; Zip Code PO Box 49066 Austin, TX 78765	Amount (\$) \$749.00
Purpose of payment (See instructions regarding type of information required.) advertising (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 04/07/2008	Payee name Austin's Pizza Payee address; City; State; Zip Code 2324 Guadalupe Austin, TX 78705	Amount (\$) \$51.33
Purpose of payment (See instructions regarding type of information required.) Meals (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 04/15/2008	Payee name Avila, Gerardo Payee address; City; State; Zip Code 4807 Creek Bend Dr. Austin, TX 78744	Amount (\$) \$848.00
Purpose of payment (See instructions regarding type of information required.) contract labor (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 3/21 Report: 24/44**2** FILER NAME Montford, Melinda (Ms.)**3** ACCOUNT # (Ethics Commission filers)
00000010**4** Date

04/03/2008**5** Payee name
Black, Albert

6 Payee address; City; State; Zip Code
1013 Weeping Willow Dr.
Austin, TX 78753**7** Amount
(\$)

\$1,000.00**8** Purpose of payment (See instructions regarding type of information required.)
consulting**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T) ☐

Date

Payee name
Black, AlbertAmount
(\$)

04/10/2008

Payee address; City; State; Zip Code
1013 Weeping Willow Dr.
Austin, TX 78753

\$1,000.00

Purpose of payment (See instructions regarding type of information required.)
Consulting** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T) ☐

Date

Payee name
Bruton, Mary KeatingAmount
(\$)

04/03/2008

Payee address; City; State; Zip Code
2201 La Casa
Austin, TX 78704

\$700.00

Purpose of payment (See instructions regarding type of information required.)
photography** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T) ☐

Date

Payee name
Business HotlinesAmount
(\$)

04/02/2008

Payee address; City; State; Zip Code
100 Allentown Parkway, Ste. 204
Allen, TX 75002

\$2,995.00

Purpose of payment (See instructions regarding type of information required.)
phone call service** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T) ☐

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 4/21 Report: 25/44

2 FILER NAME Montford, Melinda (Ms.)**3** ACCOUNT # (Ethics Commission filers)

00000010

4 Date

04/05/2008

5 Payee name

Business Hotlines

7

Amount

(\$)

\$1,000.00

6 Payee address; City; State; Zip Code100 Allentown Parkway, Ste. 204
Allen, TX 75002**8** Purpose of payment (See instructions regarding type of information required.)

phone call service

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

04/07/2008

Payee name

City of Austin

Amount

(\$)

\$328.15

Payee address; City; State; Zip Code

P.O. Box 2267
Austin, TX 78783-2267

Purpose of payment (See instructions regarding type of information required.)

Utilities

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

04/28/2008

Payee name

City of Austin

Amount

(\$)

\$401.36

Payee address; City; State; Zip Code

P.O. Box 2267
Austin, TX 78783-2267

Purpose of payment (See instructions regarding type of information required.)

Utilities

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

06/03/2008

Payee name

City of Austin

Amount

(\$)

\$280.67

Payee address; City; State; Zip Code

P.O. Box 2267
Austin, TX 78783-2267

Purpose of payment (See instructions regarding type of information required.)

Utilities

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 5/21 Report: 26/44

2 FILER NAME Montford, Melinda (Ms.)**3** ACCOUNT #

(Ethics Commission filers)

00000010

4 Date**5** Payee name

Cope, Julie

7

Amount

(\$)

04/15/2008

6 Payee address; City; State; Zip Code

920 E. 40th St. #304

Austin, TX 78751

\$876.00

8 Purpose of payment (See instructions regarding type of information required.)

Contract Labor

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

Payee name

Doubletree Club

Amount

(\$)

03/30/2008

Payee address; City; State; Zip Code

1617 IH-35

Austin, TX 78702

\$277.95

Purpose of payment (See instructions regarding type of information required.)

Lodging

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

Payee name

Doubletree Club

Amount

(\$)

03/30/2008

Payee address; City; State; Zip Code

1617 IH-35

Austin, TX 78702

\$385.15

Purpose of payment (See instructions regarding type of information required.)

Lodging

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

Payee name

Doubletree Club

Amount

(\$)

04/09/2008

Payee address; City; State; Zip Code

1617 IH-35

Austin, TX 78702

\$599.50

Purpose of payment (See instructions regarding type of information required.)

Lodging

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/21 Report: 27/44
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000010
4 Date 04/15/2008	5 Payee name ECA 6 Payee address; City; State; Zip Code 8317 Cross Park Dr., Ste. 350 Austin, TX 78754	7 Amount (\$) \$14,677.63
8 Purpose of payment (See instructions regarding type of information required.) telephone calling service (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 04/01/2008	Payee name Flaco's Payee address; City; State; Zip Code 3632 S Congress Ave Austin, TX 78704	Amount (\$) \$550.00
Purpose of payment (See instructions regarding type of information required.) Event expenses (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 04/09/2008	Payee name Flaco's Payee address; City; State; Zip Code 3632 S Congress Ave Austin, TX 78704	Amount (\$) \$850.00
Purpose of payment (See instructions regarding type of information required.) Event expenses (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 04/03/2008	Payee name Fox A/C Payee address; City; State; Zip Code 4300 S. Congress Ave. Austin, TX 78745	Amount (\$) \$280.00
Purpose of payment (See instructions regarding type of information required.) a/c maintenance (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 7/21 Report: 28/44

2 FILER NAME Montford, Melinda (Ms.)**3** ACCOUNT # (Ethics Commission filers)

00000010

4 Date

03/30/2008

5 Payee name

Gene's New Orleans Restaurant

7

Amount

(\$)

\$61.49

6 Payee address; City; State; Zip Code1209 E. 11th St.
Austin, TX 78702**8** Purpose of payment (See instructions regarding type of information required.)

meals

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

04/25/2008

Payee name

Gillis & Krebs

Amount

(\$)

\$4,427.50

Payee address; City; State; Zip Code

915 Redbud Trail
Austin, TX 78746

Purpose of payment (See instructions regarding type of information required.)

graphic and web design

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

05/19/2008

Payee name

Gillis & Krebs

Amount

(\$)

\$2,932.23

Payee address; City; State; Zip Code

915 Redbud Trail
Austin, TX 78746

Purpose of payment (See instructions regarding type of information required.)

graphic and web design

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

04/01/2008

Payee name

Goss, Delwin

Amount

(\$)

\$640.00

Payee address; City; State; Zip Code

6410 Ponea
Austin, TX 78741

Purpose of payment (See instructions regarding type of information required.)

Contract Labor

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 8/21 Report: 29/44

2 FILER NAME Montford, Melinda (Ms.)**3** ACCOUNT # (Ethics Commission filers)

00000010

4 Date**5** Payee name

HEB Grocery

7

Amount

(\$)

03/30/2008

6 Payee address; City; State; Zip Code1000 E. 41st
Austin, TX 78751

\$8.98

8 Purpose of payment (See instructions regarding type of information required.)

Supplies

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

Payee name

HEB Grocery

Amount

(\$)

04/04/2008

Payee address; City; State; Zip Code

1000 E. 41st
Austin, TX 78751

\$11.78

Purpose of payment (See instructions regarding type of information required.)

Supplies

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

Payee name

HEB Grocery

Amount

(\$)

04/05/2008

Payee address; City; State; Zip Code

1000 E. 41st
Austin, TX 78751

\$49.13

Purpose of payment (See instructions regarding type of information required.)

Supplies

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

Payee name

HEB Grocery

Amount

(\$)

04/08/2008

Payee address; City; State; Zip Code

2400 S. Congress Avenue
Austin, TX 78704

\$60.71

Purpose of payment (See instructions regarding type of information required.)

Supplies for event

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 9/21 Report: 30/44**2** FILER NAME Montford, Melinda (Ms.)**3** ACCOUNT # (Ethics Commission filers)
00000010

4 Date 03/30/2008	5 Payee name Hensley & Associates, L.C. 6 Payee address; City; State; Zip Code P.O. Box 700783 Austin, TX 78270	7 Amount (\$) \$8,563.72
---------------------------------	---	---

8 Purpose of payment (See instructions regarding type of information required.) Consulting/Mileage (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
--	---

Date 06/03/2008	Payee name Hensley & Associates, L.C. Payee address; City; State; Zip Code P.O. Box 700783 Austin, TX 78270	Amount (\$) \$15,000.00
------------------------	---	-----------------------------------

Purpose of payment (See instructions regarding type of information required.) Consulting (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
---	--

Date 06/30/2008	Payee name Hensley & Associates, L.C. Payee address; City; State; Zip Code P.O. Box 700783 Austin, TX 78270	Amount (\$) \$8,308.86
------------------------	---	----------------------------------

Purpose of payment (See instructions regarding type of information required.) Consulting (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
---	--

Date 04/15/2008	Payee name Hoing, Lisa Payee address; City; State; Zip Code 1800 Plateau Vista Blvd., #17201 Round Rock, TX 78664	Amount (\$) \$1,267.00
------------------------	---	----------------------------------

Purpose of payment (See instructions regarding type of information required.) Contract Labor (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
---	--

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 10/21 Report: 31/44
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000010
4 Date 04/15/2008	5 Payee name Holmes, David 6 Payee address; City; State; Zip Code 1781 Spyglass Drive #196 Austin, TX 78746	7 Amount (\$) \$830.00
8 Purpose of payment (See instructions regarding type of information required.) Consulting (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 04/03/2008	Payee name J. Blacks Payee address; City; State; Zip Code www.jblacks.com Austin, TX 78701	Amount (\$) \$141.91
Purpose of payment (See instructions regarding type of information required.) Event expenses (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 04/15/2008	Payee name Kelly Graphics Payee address; City; State; Zip Code 1322 Lost Creek Blvd. Austin, TX 78746	Amount (\$) \$10,861.54
Purpose of payment (See instructions regarding type of information required.) Printing & mailing (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 04/25/2008	Payee name Kelly Graphics Payee address; City; State; Zip Code 1322 Lost Creek Blvd. Austin, TX 78746	Amount (\$) \$24,553.78
Purpose of payment (See instructions regarding type of information required.) Printing & mailing (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 11/21 Report: 32/44**2** FILER NAME Montford, Melinda (Ms.)**3** ACCOUNT # (Ethics Commission filers)
00000010

4 Date 05/19/2008	5 Payee name Kelly Graphics 6 Payee address; City; State; Zip Code 1322 Lost Creek Blvd. Austin, TX 78746	7 Amount (\$) \$13,615.34
---------------------------------	---	--

8 Purpose of payment (See instructions regarding type of information required.) Printing & mailing (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
--	---

Date 03/30/2008	Payee name Kinkos Payee address; City; State; Zip Code 2901-C Medical Arts Austin, TX 78705	Amount (\$) \$45.42
------------------------	---	-------------------------------

Purpose of payment (See instructions regarding type of information required.) copies (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
---	--

Date 04/04/2008	Payee name Kinkos Payee address; City; State; Zip Code 2901-C Medical Arts Austin, TX 78705	Amount (\$) \$19.36
------------------------	---	-------------------------------

Purpose of payment (See instructions regarding type of information required.) copies (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
---	--

Date 04/15/2008	Payee name Malveaux, Rudolph Payee address; City; State; Zip Code 2703 Mano Rd. #101 Austin, TX 78722	Amount (\$) \$500.00
------------------------	---	--------------------------------

Purpose of payment (See instructions regarding type of information required.) contract labor (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
---	--

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 12/21 Report: 33/44

2 FILER NAME Montford, Melinda (Ms.)**3** ACCOUNT # (Ethics Commission filers)

00000010

4 Date**5** Payee name

Mastercard/Visa Services

7 Amount

(\$)

03/30/2008

6 Payee address; City; State; Zip Code

P.O. Box 194607

San Francisco, CA 94119

\$4.61

8 Purpose of payment (See instructions regarding type of information required.)

credit card processing fees for March

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

Payee name

Mastercard/Visa Services

Amount

(\$)

04/30/2008

Payee address; City; State; Zip Code

P.O. Box 194607

San Francisco, CA 94119

\$331.37

Purpose of payment (See instructions regarding type of information required.)

credit card processing fees for April

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

Payee name

Mastercard/Visa Services

Amount

(\$)

05/31/2008

Payee address; City; State; Zip Code

P.O. Box 194607

San Francisco, CA 94119

\$36.15

Purpose of payment (See instructions regarding type of information required.)

credit card processing fees for May

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

Payee name

Mastercard/Visa Services

Amount

(\$)

06/30/2008

Payee address; City; State; Zip Code

P.O. Box 194607

San Francisco, CA 94119

\$50.00

Purpose of payment (See instructions regarding type of information required.)

credit card processing fees for June

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 13/21 Report: 34/44

2 FILER NAME Montford, Melinda (Ms.)**3** ACCOUNT # (Ethics Commission filers)

00000010

4 Date

03/30/2008

5 Payee name

Melissa Data

7 Amount
(\$)

\$1,229.39

6 Payee address; City; State; Zip Code22382 Avenida Empresa
Rancho Santa Margarita, CA 92688**8** Purpose of payment (See instructions regarding type of information required.)

Data services

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

04/03/2008

Payee name

Nerio, David

Amount
(\$)

\$1,500.00

Payee address; City; State; Zip Code

6603 N I-35, #156
Austin, TX 78752

Purpose of payment (See instructions regarding type of information required.)

contract labor

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

04/10/2008

Payee name

Nerio, David

Amount
(\$)

\$500.00

Payee address; City; State; Zip Code

9638 Cloverdale
San Antonio, TX 78250

Purpose of payment (See instructions regarding type of information required.)

Contract Labor

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

04/07/2008

Payee name

Nokoa Newspaper

Amount
(\$)

\$900.00

Payee address; City; State; Zip Code

P.O. Box 1131
Austin, TX 78767-1131

Purpose of payment (See instructions regarding type of information required.)

Advertising

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 14/21 Report: 35/44**2** FILER NAME Montford, Melinda (Ms.)**3** ACCOUNT # (Ethics Commission filers)
00000010**4** Date**5** Payee name

Office Max

7 Amount
(\$)

03/30/2008

6 Payee address; City; State; Zip Code907 West Fifth Street
Austin, TX 78703

\$6.04

8 Purpose of payment (See instructions regarding type of information required.)

Supplies

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T) ☐

Date

Payee name

Office Max

Amount
(\$)

03/30/2008

Payee address; City; State; Zip Code

907 West Fifth Street
Austin, TX 78703

\$371.49

Purpose of payment (See instructions regarding type of information required.)

Supplies

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T) ☐

Date

Payee name

Office Max

Amount
(\$)

04/04/2008

Payee address; City; State; Zip Code

907 West Fifth Street
Austin, TX 78703

\$134.22

Purpose of payment (See instructions regarding type of information required.)

Supplies

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T) ☐

Date

Payee name

Prolink

Amount
(\$)

03/31/2008

Payee address; City; State; Zip Code

4312 Lakeway Blvd
Austin, TX 78734

\$25,087.75

Purpose of payment (See instructions regarding type of information required.)

Television advertising

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T) ☐

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 15/21 Report: 36/44**2** FILER NAME Montford, Melinda (Ms.)**3** ACCOUNT # (Ethics Commission filers)
00000010**4** Date**5** Payee name

Prolink

7 Amount
(\$)

04/01/2008

6 Payee address; City; State; Zip Code4312 Lakeway Blvd
Austin, TX 78734

\$23,319.75

8 Purpose of payment (See instructions regarding type of information required.)

Television advertising

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T) ☐

Date

Payee name

Prolink

Amount
(\$)

04/07/2008

Payee address; City; State; Zip Code

4312 Lakeway Blvd
Austin, TX 78734

\$2,500.00

Purpose of payment (See instructions regarding type of information required.)

Consulting

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T) ☐

Date

Payee name

Prolink

Amount
(\$)

04/15/2008

Payee address; City; State; Zip Code

4312 Lakeway Blvd
Austin, TX 78734

\$2,500.00

Purpose of payment (See instructions regarding type of information required.)

Consulting

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T) ☐

Date

Payee name

Publik Pictures

Amount
(\$)

04/07/2008

Payee address; City; State; Zip Code

501 N IH 35
Austin, TX 78702

\$6,500.00

Purpose of payment (See instructions regarding type of information required.)

Television Production

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T) ☐

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 16/21 Report: 37/44**2** FILER NAME Montford, Melinda (Ms.)**3** ACCOUNT # (Ethics Commission filers)
00000010**4** Date

04/25/2008**5** Payee name
Publik Pictures**6** Payee address; City; State; Zip Code
501 N IH 35
Austin, TX 78702**7** Amount
(\$)

\$6,800.00**8** Purpose of payment (See instructions regarding type of information required.)

Television Production

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T) ☐

Date

Payee name
S&W Capitol AdvisersAmount
(\$)

04/25/2008

Payee address; City; State; Zip Code
P.O. Box 81514
Austin, TX 78708

\$3,770.75

Purpose of payment (See instructions regarding type of information required.)

Consulting

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T) ☐

Date

Payee name
Safe Way Rental Equipment Co, Inc.Amount
(\$)

04/08/2008

Payee address; City; State; Zip Code
Box 459
Austin, TX 78767

\$230.70

Purpose of payment (See instructions regarding type of information required.)

Equipment Rental

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T) ☐

Date

Payee name
Smart MailAmount
(\$)

04/02/2008

Payee address; City; State; Zip Code
2011 Anchor Lane
Austin, TX 78723

\$1,831.83

Purpose of payment (See instructions regarding type of information required.)

mailing services

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T) ☐

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 17/21 Report: 38/44**2** FILER NAME Montford, Melinda (Ms.)**3** ACCOUNT # (Ethics Commission filers)
00000010**4** Date**5** Payee name
Specs**7** Amount
(\$)

04/08/2008

6 Payee address; City; State; Zip Code
4970 W. Hwy 290
Austin, TX 78745

\$93.60

8 Purpose of payment (See instructions regarding type of information required.)

Event Expenses

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T) ☐

Date

Payee name
Starbuck's CoffeeAmount
(\$)

03/30/2008

Payee address; City; State; Zip Code
1001 Congress Ave
Suite 180
Austin, TX 78701

\$7.79

Purpose of payment (See instructions regarding type of information required.)

Meeting Meals

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T) ☐

Date

Payee name
Starbuck's CoffeeAmount
(\$)

04/05/2008

Payee address; City; State; Zip Code
1001 Congress Ave
Suite 180
Austin, TX 78701

\$194.85

Purpose of payment (See instructions regarding type of information required.)

Meeting Meals

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T) ☐

Date

Payee name
Studio 6Amount
(\$)

03/30/2008

Payee address; City; State; Zip Code
937 Camino La Costa
Austin, TX 78752

\$1,606.08

Purpose of payment (See instructions regarding type of information required.)

lodging

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T) ☐

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 18/21 Report: 39/44
2 FILER NAME Montford, Melinda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000010
4 Date 04/09/2008	5 Payee name Studio 6 6 Payee address; City; State; Zip Code 937 Camino La Costa Austin, TX 78752	7 Amount (\$) \$142.28
8 Purpose of payment (See instructions regarding type of information required.) lodging (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 04/11/2008	Payee name Studio 6 Payee address; City; State; Zip Code 937 Camino La Costa Austin, TX 78752	Amount (\$) \$35.57
Purpose of payment (See instructions regarding type of information required.) lodging (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 04/01/2008	Payee name Susan Harry Consulting Payee address; City; State; Zip Code 2520 Longview Drive Austin, TX 78705	Amount (\$) \$3,000.00
Purpose of payment (See instructions regarding type of information required.) Consulting (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 05/21/2008	Payee name Susan Harry Consulting Payee address; City; State; Zip Code 2520 Longview Drive Austin, TX 78705	Amount (\$) \$3,000.00
Purpose of payment (See instructions regarding type of information required.) Consulting (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 19/21 Report: 40/44

2 FILER NAME Montford, Melinda (Ms.)**3** ACCOUNT #

(Ethics Commission filers)

00000010

4 Date**5** Payee name

Susan Harry Consulting

7

Amount

(\$)

06/30/2008

6 Payee address; City; State; Zip Code2520 Longview Drive
Austin, TX 78705

\$516.08

8 Purpose of payment (See instructions regarding type of information required.)

Consulting

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

Payee name

Texas Gas Service

Amount

(\$)

04/07/2008

Payee address; City; State; Zip Code

P.O. Box 31427
Austin, TX 79931-0427

\$92.14

Purpose of payment (See instructions regarding type of information required.)

Utilities

**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

Payee name

The Villager

Amount

(\$)

04/01/2008

Payee address; City; State; Zip Code

1223-A Rosewood Ave
Austin, TX 78702

\$240.00

Purpose of payment (See instructions regarding type of information required.)

Advertising

**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

Payee name

The Villager

Amount

(\$)

04/07/2008

Payee address; City; State; Zip Code

1223-A Rosewood Ave
Austin, TX 78702

\$480.00

Purpose of payment (See instructions regarding type of information required.)

Advertising

**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 20/21 Report: 41/44

2 FILER NAME Montford, Melinda (Ms.)**3** ACCOUNT #

(Ethics Commission filers)

00000010

4 Date**5** Payee name

Time Warner Cable

7

Amount

(\$)

04/15/2008

6 Payee address;

City; State; Zip Code

PO Box 85100

Austin, TX 78708

\$487.84

8 Purpose of payment (See instructions regarding type of information required.)

cable

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

Payee name

UT Texas Student Publications

Amount

(\$)

04/03/2008

Payee address;

City; State; Zip Code

2500 Whitis

Austin, TX 78712

\$416.70

Purpose of payment (See instructions regarding type of information required.)

advertising

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

Payee name

Walker, Thomas

Amount

(\$)

04/03/2008

Payee address;

City; State; Zip Code

5317 Spirea Cove

Austin, TX 78749

\$1,000.00

Purpose of payment (See instructions regarding type of information required.)

contract labor

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

Payee name

Walker, Thomas

Amount

(\$)

04/10/2008

Payee address;

City; State; Zip Code

5317 Spirea Cove

Austin, TX 78749

\$1,000.00

Purpose of payment (See instructions regarding type of information required.)

contract labor

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 21/21 Report: 42/44**2** FILER NAME Montford, Melinda (Ms.)**3** ACCOUNT # (Ethics Commission filers)
00000010**4** Date**5** Payee name

Walmart

7 Amount
(\$)

03/30/2008

6 Payee address; City; State; Zip Code710 E. Ben White
Austin, TX 78704

\$76.08

8 Purpose of payment (See instructions regarding type of information required.)

Supplies

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T) ☐

Date

Payee name

Walmart

Amount
(\$)

03/31/2008

Payee address; City; State; Zip Code

710 E. Ben White
Austin, TX 78704

\$25.81

Purpose of payment (See instructions regarding type of information required.)

Supplies

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T) ☐

Date

Payee name

Walmart

Amount
(\$)

04/01/2008

Payee address; City; State; Zip Code

710 E. Ben White
Austin, TX 78704

\$51.61

Purpose of payment (See instructions regarding type of information required.)

Supplies

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T) ☐

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 1/1 Report: 43/44

2 FILER NAME Montford, Melinda (Ms.)**3** ACCOUNT #

(Ethics Commission filers)

00000010

4 Date

04/10/2008

5 Payee name

Souiciti

6 Payee address;

City; State; Zip Code

requested

Austin, TX 78701

7 Purpose of expenditure (See instructions regarding type of information required.)
email service(If travel outside of Texas, complete Schedule T) ☐**8**

Amount

(\$)

\$125.00

☐Reimbursement
from political
contributions
intended

**CANDIDATE/OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT****FORM C/OH - FR**

The Instruction Guide explains how to complete this form.

**** Complete only if 'Report Type' on page 1 is marked 'Final Report' ****

Page 44 of 44

1 C/OH NAME Montford, Melinda (Ms.)**2 ACCOUNT # (Ethics Commission filers)**

00000010

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.



Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER**** Complete A & B below only if you are not an officeholder ******A. CAMPAIGN FUNDS**

Check only one:

☒ I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

☒ I do not retain assets purchased with political contributions or interest or other income from political contributions.

☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.



Signature of Candidate

5 OFFICEHOLDER**** Complete this section only if you are an officeholder ****

☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder